

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Makoto Ono  
Serial No. : 09/802,252 Examiner : Neurauter, George C  
Filed : March 8, 2001 Group Art Unit : 2143  
For : INFORMATION TRANSMISSION METHOD AND SYSTEM

Mail Stop Amendment  
HON. COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

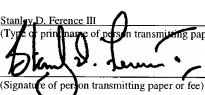
Transmitted herewith is an Amendment in the above-identified application.

1. ☒ Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.
- OR
2. ☒ In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
3. ☐ Small Entity status of this application has been established by a verified statement previously submitted.
4. ☐ A verified statement to establish Small Entity status is enclosed.

CERTIFICATE OF TRANSMITTAL

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being transmitted by EFS-Web on January 24, 2008 to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Stanley D. Ference III  
(Type or print name of person transmitting paper or fee)

  
(Signature of person transmitting paper or fee)

5. ☐ Also enclosed: \_\_\_\_\_
6. ☒ No additional filing fee is required.
7. ☒ The filing fee has been calculated as shown below:

	Claims Remaining After Amendment (Col. 1)	Highest No. Prev. paid for (Col. 2)	Present Extra (Col. 3)	x	<u>SMALL ENTITY</u>		OR	x	<u>OTHER THAN A SMALL ENTITY</u>	
	<u>RATE</u>				<u>FEE</u>	<u>RATE</u>			<u>FEE</u>	
Total Claims	6	** 20	= * 0	x	\$25	=	OR	x	\$50	=
Ind. Claims	6	*** 7	= * 0	x	\$105	=	OR	x	\$210	=
<input type="checkbox"/> Multiple Dependent Claim Presented				+	\$185	=	OR	+	\$370	=
					<u>TOTAL</u>	= \$	OR		<u>TOTAL</u>	= \$

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

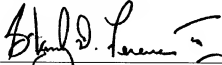
\*\* If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space.

\*\*\* If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

8. ☐ Applicant encloses herewith a check for \$\_\_\_\_\_ to cover the filing fee.
9. ☐ The Commissioner is hereby authorized to charge the \$\_\_\_\_\_ filing fee to Deposit Account No. 50-0510.
10. ☒ The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510.

Respectfully submitted,

FERENCE & ASSOCIATES LLC

By:   
Stanley D. Ference III  
Reg. No. 33,879

Dated: January 24, 2008

Mailing Address:

Customer No. 35195  
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(412) 741-8400  
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